### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

LEVATION CERTIFICATE			EOD IN	CLIDANCE	COMPANY USE
	g information from Section	n A.	Policy N		COMI 7441 CCL
uilding Street Address (including Apt., Unit, Suite, and/	or Bidg. No ) or P.O. Route a	and Box No.	1 Oney is	idili boli	
48 Silver Fox Trail	710.00		Compar	y NAIC N	mber
ity	eorgia 31324	30			
ichmond Hill		N (SUDVEV R	FOURE	D)	
SECTION C - BUILDING E	LEVATION INFORMATIO	N (SURVET IN	Lucinta	T Plate	d Construction
C1. Building elevations are based on: Construct A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a-h below according to the be Benchmark Utilized: The Woods PH 2 Plat BM Indicate elevation datum used for the elevations in NGVD 1929 NAVD 1988 Other Datum used for building elevations must be the second a) Top of bottom floor (including basement, craw b) Top of the next higher floor C) Bottom of the lowest horizontal structural mend of Attached garage (top of slab) E) Lowest elevation of machinery or equipment (Describe type of equipment and location in Construction of the lowest property of equipment and location in Construction of the lowest property of equipment and location in Construction in Construction in Construction of the lowest property of equipment and location in Construction in Construc	tion Drawings*	g Under Constr is complete. ), AR, AR/A, AF tem A7. In Pue AVD88	uction* R/AE, AR/ rto Rico o	X Finishe	asurement used. meters
f) Lowest adjacent (finished) grade next to built	ding (LAG)				☐ meters
g) Highest adjacent (finished) grade next to bui	ding (HAG)		13.06	x feet	
h) Lowest adjacent grade at lowest elevation of	deck or stairs, including		12.91	× feet	meters
CHOVEN	OR, ENGINEER, OR ARC	HITECT CERT	IFICATION	ON	
This certification is to be signed and sealed by a land of the certify that the information on this Certificate representation on the certification of the	d surveyor, engineer, or arch sents my best efforts to inter nt under 18 U.S. Code, Sect	nitect authorized oret the data av ion 1001.	ailable. I t	inderstand	re if attachments.
Company Name EMC Engineering Services, Inc.					WOINEER A
Address 10 Chatham Center South, Suite 100				1/160	B. MET LGE
City Savannah	State Georgia	ZIP Code 31405			S. ME
Signature () 1 () A ( )	Date 05-08-2019	Telephone (912) 232-65	i33		and (3) building ow
Copy all pages of this Elevation Certificate and all att	achments for (1) community of	official, (2) insure	ance agen	ocompany,	and (o) banding on
Comments (including type of equipment and locating This house is stem wall construction with a slab or bonus room. Item C2d is finished garage. Item C2d lowest grade at the front porch. Latitude and Long	on, per C2(e), if applicable) a backfilled foundation. Item	n C2a is the low	est habita	able floor. It	em C2b is finished m C2h will be the
bonus room. Item C2d is finished garage. Item C2 lowest grade at the front porch. Latitude and Long	e is exterior HVAC Equipment tude were established from	Georgia State F	Plane Coo	rdinate Sys	stem. Form Page
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## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

EVAIION CERTIFICATE	formation from Sec	tion A.	FOR INSURANCE CO	MPANY USE
PORTANT: In these spaces, copy the corresponding in uilding Street Address (including Apt., Unit, Suite, and/or Bl	da. No.) or P.O. Rou	te and Box No.	Policy Number:	
uilding Street Address (including Apt., Offit, State, article) by	-5. 110.)			
8 Silver Fox Trail	ZIP	Code	Company NAIC Numb	er
ty Georg				
PIN DINC ELEVA	TION INFORMATIO	N (SURVEY NO	T REQUIRED)	
FOR ZONE AU	AMD TOME W (AM)	1,00		
or Zones AO and A (without BFE), complete Items E1–E5. complete Sections A, B,and C. For Items E1–E4, use natural nter meters.  1. Provide elevation information for the following and chec	ck the appropriate bo			
the highest adjacent grade (HAG) and the lowest days	ent grade (LAG).			
Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me		
Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ me	ters 🔲 above or 🔲 b	elow the LAG.
2. For Building Diagrams 6–9 with permanent flood openi	ings provided in Sect	on A Items 8 and	or 9 (see pages 1-2 of Ir	structions),
the next higher floor (elevation C2.0 III	rigs provided in occi	☐ feet ☐ me	ters above or b	elow the HAG
the diagrams) of the building is		☐ feet ☐ me	ters above or b	elow the HAG
3. Attached garage (top of slab) is —			(49)(10)	
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ me		
<ul> <li>Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No.</li> </ul>	the top of the botton Unknown. The	n floor elevated in ne local official mu	accordance with the com st certify this information	in Section G.
SECTION F - PROPERTY OWNER				
The property owner or owner's authorized representative vecommunity-issued BFE) or Zone AO must sign here. The second of the Property Owner or Owner's Authorized Representative's N				ZIP Code
Address	City		State	IP Code
	Date		Telephone	
Signature				
Comments				
			Check her	e if attachmer
				Form Page

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION OLIVINIONIE	dina informat	lon from Section A.	F	OR INSURANCE COMPANY USE
MPORTANT: In these spaces, copy the corresponding information from Section A.				Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Biog. No.) of P.O. Route and Box No.			1	4
148 Silver Fox Trail				Company NAIC Number
City	State	31324	- 1	
Richmond Hill	Georgia			
SECTIO	N G - COMMUNITY	INFORMATION (OPTIO	MAL)	
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent G1.  The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)  A community official completed Section C was taked to the Comments area below.	er meters.  en from other documed by law to certify to	nentation that has been si elevation information. (Ind	igned and licate the	sealed by a licensed surveyor, source and date of the elevation
or Zone AO.  The following information (Items G4–				
G3. The following information (Items G4-	.G10) is provided to	Community noodplanting		
G4. Permit Number	G5. Date Permit	Issued	G6. Da	ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:  G8. Elevation of as-built lowest floor (includin of the building:		n  Substantial Improver		meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site: _		[] feet	meters Datum
G10. Community's design flood elevation:	-		feet	meters Datum
Local Official's Name		Title		
Community Name		Telephone		
		Doto		
Signature		Date		
Comments (including type of equipment and I	ocation, per C2(e),	if applicable)		
				Check here if attachment

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 148 Silver Fox Trail			
City Richmond Hill	State Georgia	ZIP Code 31324	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front \

Front View

Photo taken 04/30/2019

Clear Photo One



Photo Tw

Photo Two Caption

Rear View

Photo taken 04/30/2019

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 148 Silver Fox Trail			
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Let

Left View

Photo taken 04/30/2019

Clear Photo Three



Photo Four Caption

Right View

Photo taken 04/30/2019

Clear Photo Four